



STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
HOUSING DIVISION

**EMERGENCY SOLUTIONS GRANT PROGRAM
2016
REQUEST FOR FUNDS**

(Open to non-profit, faith-based, and local government agencies located within the 15 rural counties. Funds will also allocated to the City of Reno for programs located in Washoe County)

Northern Office

1535 Old Hot Springs Road, Ste 50
Carson City, Nevada 89706
Tel.: (775) 687-2040 or (800) 227-4960
Fax: (775) 687-4040

Southern Office

7220 Bermuda Road, Ste B
Las Vegas, Nevada 89119
Tel.: (702) 486-7220
Fax: (702) 786-7227

TDD Number (800) 326-6868
www.housing.nv.gov

Contact:

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Carson City NV 89706
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Completed and executed Request for Funds ***must be postmarked by Monday December 14, 2015*** in order to be considered for funding

To complete this application please download and tab through each section. If needed this document may be unlocked using the "padlock" tool in Word. Attachments are accepted if additional space is needed to provide information.

This Request for Funds application and other program information is available on the Division's website located at www.housing.nv.gov under the "Emergency Solutions Grant Program" link.



A. PROGRAM SUMMARY

The Emergency Solutions Grants (ESG) Program was created when the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law on May 20, 2009. The Hearth Act amended and reauthorized the McKinney-Vento Homeless Assistance Act.

The Emergency Solutions Grant Program is designed to identify sheltered and unsheltered homeless persons, as well as those at risk of homelessness, and provide the services necessary to help those people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. The program's focus has changed from addressing the needs of homeless in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing.

Eligible sub-recipients who are awarded ESG funds may use funds to:

1. Engage homeless individuals and families living on the streets (Street Outreach)*;
2. Help operate emergency, transitional and domestic violence shelters for the homeless(Emergency Shelter-Shelter Operations)*;
3. Provide essential services to shelter and transitional housing residents (Emergency Shelter-Essential Services)*;
4. Rapidly re-house homeless individuals and families by providing up to 24 months of rent, utilities, security deposits, and services such as case management, housing search and placement, legal services, etc. (Rapid Re-Housing-Rental Assistance/Housing Relocation and Stabilization Services)**;
5. Prevent families and individuals from becoming homeless (Homeless Prevention-Rental Assistance/Housing Relocation and Stabilization Services);
6. The cost of participating in an existing Homeless Management Information System (HMIS) database (HMIS/Data Collection); and
7. A portion of the Division's Administrative costs, as required in 24 CFR part 576.108(b)(1) (capped at 7.5% of the annual ESG allocation)

****Applications for Categories 1-3 will be accepted ONLY from agencies that are current recipients of shelter operations and shelter essential services funding. Per 24 CFR Part 576.100(b)(1), allocations for street outreach, homeless shelter operations, and essential services are capped at 60% of the State's ESG allocation.***

*****Priority will be given to applications that have requested ESG funding for Rapid Re-housing programs in order to meet the U.S. Department of Housing and Urban Development's (HUD) goal to end homelessness for individuals, families, unaccompanied youth, veterans, and the chronically homeless.***

B. ELIGIBLE APPLICANTS

Rural Area: The Nevada Housing Division (Division) shall advertise the anticipated availability of funding in rural Nevada by utilizing available list serves. Request for Funds will be accepted from rural area non-profit or faith-based organizations, and rural city and county government agencies that wish to provide housing and services to homeless and at-risk of homelessness program participants in rural Nevada communities. Funding will be allocated by the Division, and Division staff will oversee the grant management of the ESG program to rural agencies.

New non-profit and faith-based applicants in rural areas applying for funding must have the prior approval of the unit of general local government in which the proposed project is to be established. The required form is provided as part of this Request for Funding (Attachment A). ***Requests for Funds received from a new non-profit or faith-based applicant that does not include this attachment will be considered non-responsive and will be deemed ineligible to receive funds.***

Note: To help meet HUD's priority of ending homelessness with permanent housing, the Division will not allocate Homeless Street Outreach or Emergency Shelter allocations to new projects. All new applicants must submit the Request for Funds for Homeless Prevention or Rapid Re-housing activities only.

Northern Nevada Area: State ESG funds will pass through to the City of Reno (City). It shall be the City's responsibility to allocate funds to the Community Assistance Center or retain funds for programs offered directly by the City. The City shall oversee the State's allocation for northern Nevada on behalf of the Division, and ***shall be responsible for completing this Request for Funds form based on programs and activities to be funded using State ESG funds.***

History: The City of Reno (City) is a past recipient of State ESG funds and received approximately 50% of the annual allocation. Once the City became an entitlement community and was awarded funds directly from HUD, the State provided an award equal to the difference between what the City received from the State in the past, and what HUD awarded them directly. The result is an award of approximately 25% of the State's allocation to the City. Funds will be awarded by the State of Nevada Housing Division directly to the City.

Requirements: The City must submit the State's Request for Funds form to the Division, and shall include all required information needed for the State to submit a successful Annual Action Plan to HUD. As part of the Request for Funds submission, the City must consult with the local Continuum of Care to determine how to allocate ESG awards; submit to the Division Performance Standards for State ESG-funded activities that are in alignment with the Continuum of Care; and develop measurable outcomes of projects and activities assisted with ESG funds to ensure success of the State's ESG program. The Request for Funds form must also be completed to summarize how State funds will be used within the community; the types of activities that will be provided using State ESG funds; and should clearly define the funding priorities of the local CoC. Finally the City is to submit a copy of the ESG Program's Written Standards which includes all requirements reflected in Attachment C.

C. AWARDS

It is anticipated that the Division will receive approximately \$408,000 in State non-entitlement ESG funding. Based on past allocations it is estimated that funding shall be divided as follows:

| | |
|-----------------------------------------------------------|------------------|
| Shelter/Homeless Prevention/Rapid Rehousing (Rural Area): | \$248,000 |
| Set-Aside for the HMIS Lead Agency: | \$ 40,000 |
| City of Reno: | \$ 65,000 |
| Data Collection: | \$ 45,000 |
| Division/Sub-recipient Admin: | <u>\$ 10,000</u> |
| Estimated Total*** | \$408,000 |

******If the actual amount awarded by HUD is less than the anticipated amount reflected above, the Division will reduce the amounts to be allocated.***

The grant period for the Emergency Solutions Grants Program is 24 months. If it is determined that an agency will not expend the funds within the required time period, funds may be recaptured and reallocated to another agency.

Rural area awards may be calculated based on homeless data obtained from HUD, the Homeless Management Information System (HMIS), and the local Continuum of Care. In addition certain population statistics may be used in order to prevent a disproportionate amount of funding in one geographical area. Finally, applications from local governments for emergency shelter programs will only be considered if they do not conflict with an existing shelter that is requesting ESG funding from the same area.

The U.S. Department of Housing and Urban Development, the Division, and local Continuum's of Care have identified goals and objectives that will help HUD to achieve success in addressing homelessness. Applicants are asked to select one or more objectives in Section IV of the Request for Funds in order for the Application Review Committee to clearly understand how programs offered will result in outcomes that have a direct impact on ending homelessness.

D. APPLICATION REVIEW PROCESS

Rural Area: Beginning with the 2016 ESG allocation, preference shall be given to agencies that provide rapid re-housing assistance to homeless individuals and families. Second priority shall be given to agencies that provide homeless prevention assistance to individuals and families that are considered to be homeless under other Federal programs (i.e. Children in Transition clients). Remaining funds will be allocated to agencies that are current recipients of shelter operations and essential services for the homeless, along with data collection and administrative costs. *Applicants that provide housing assistance without preconditions, such as sobriety or a minimum income level threshold, and have a screening process that prioritizes households that are most in need of assistance, shall be ranked highest in the rating and ranking process.*

Agencies that do not meet the 100% match funding requirement will have points deducted from the rating and ranking score.

Division staff shall review rural area Requests for Funds to ensure that instructions have been followed; that the project/program is eligible to receive ESG funds; the project/program meets the needs and priorities reflected in the State's Consolidated Plan; and the project/program will address the goals and objectives of the RNCOC.

The Division may convene a review panel to rate and rank all Request for Funds received. The panel may include persons qualified to make decisions about programs and services offered to assist homeless and at-risk of homelessness persons, including members of the Rural Nevada Continuum of Care. Once completed Division staff will present the results to the RNCOC for approval. Agencies will be chosen, and final allocations will be made, based on recommendations received from the RNCOC.

Northern Nevada Area: There will be no application review process conducted by the Division for funds allocated to the City of Reno, as the City is responsible for selecting agencies to receive funds within the community.

COVER PAGE

REQUEST FOR FUNDS

FY 2016 STATE EMERGENCY SOLUTIONS GRANT

Please tab through document to answer questions below or attach a separate document.

All sections must be completed (or included in separate document) in order to be considered for funding

A. CONTACT INFORMATION

Provide agency name, address, contact, email address and phone number of the person submitting the Request for Funds:

Agency Name:

Agency Address:

City, State, Zip:

Contact Name:

Contact Title:

Email Address:

Phone Number:

Agency DUNS #:

Federal Tax ID #:

Type of Agency: ☐ Non Profit ☐ Local Government ☐ Faith-Based Organization (must serve all eligible beneficiaries without regard to religion)

B. PROJECT SUMMARY

1. Provide a brief description of the type of project to be funded with the ESG program and target population to be served.
2. Briefly describe any admission criteria that will be used to identify those to be served by the project.
3. Estimated number of households to be served using ESG and non-ESG funded resources.
4. Total amount of funding requested (must equal total amount reflected in Section III).
5. Select the type of program which will be offered to eligible clients:
 - ☐ Housing First (No programmatic prerequisites to entry)
 - ☐ Low Barrier (Few to no programmatic prerequisites).
 - ☐ Client must meet certain eligibility criteria, such as employment or income requirements, as defined in the agency's Written Standards (*Describe all eligibility criteria in the agency's Written Standards which must be attached in Section II(D) of this Request*)

SECTION I OVERVIEW

A. ACTIVITY TYPE AND POPULATIONS SERVED

Select activities the applicant wishes to obtain ESG funding. Refer to Section III for activity definitions.

| Activity | Check all that apply to this application |
|--------------------------------------------------------------------------------------------|------------------------------------------|
| Street Outreach* | <input type="checkbox"/> |
| Emergency Shelter-Shelter Operations* (including Transitional Housing and Day shelters) | <input type="checkbox"/> |
| Emergency Shelter-Essential Services* | <input type="checkbox"/> |
| Homeless Prevention | <input type="checkbox"/> |
| Rapid Re-Housing | <input type="checkbox"/> |
| HMIS/Data Collection | <input type="checkbox"/> |
| Administration (capped at 7.5% of the ESG allocation) | <input type="checkbox"/> |

* Applicants of Street Outreach, Shelter Operations and Essential Services **must be current recipients** of State ESG funds as no new awards will be made under these programs. Allocations for these programs must be capped at 60% of the Division's annual ESG allocation.

Select all populations anticipated be served by program type (Select all that apply)

| Population(s) Served | Emergency Shelter | Street Outreach | Homeless Prevention | Rapid Re-Housing |
|-----------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Victims of domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless youth (under 25 years of age) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Persons with HIV/AIDS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronically homeless Individuals or Families | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless families with children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically, mentally or developmentally disabled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol or Drug abusers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elderly (62+ years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. MINIMUM THRESHOLD REQUIREMENTS

The agency submitting this Request for Funds must meet the minimum threshold requirements below. If the agency cannot provide documentation to demonstrate that it meets all of the criteria below, the Request for Funds will not be considered for funding.

| Mark if met | Threshold Requirements | Documentation to be provided with Request for Funds |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Agency must provide services in one of 15 rural counties (unless the City of Reno) | No documentation required. Address of where agency will provide services is sufficient |
| <input type="checkbox"/> | Agency must have had non-profit status for at least 3 full years , or be a governmental entity proposing to serve homeless or at-risk of homeless clients | Copy of current non-profit designation from the IRS (not applicable for government entities) |
| <input type="checkbox"/> | Agency must be registered and licensed to do business in the State of Nevada at the time of application | Current registration of charitable organization status from the Secretary of State's Office (NRS 294A.225. Non-profits only) |
| <input type="checkbox"/> | <p>If more than \$750,000 in federal funds was expended in one year the agency must be able to provide a copy of the most recent A-133 audit.</p> <p>The agency must be able to provide a copy of recent independent audit if it has expended \$100,000-\$749,999 in federal funds in one year.</p> <p>If less than \$100,000 in federal funds was expended, agency must be able to submit unaudited financial statements along with a written statement certifying that the agency did not receive more than \$100,000 in federal funds this past year.</p> | <p>A copy of the most recent A-133 audit and all management letters is required.</p> <p>A copy of the most recent audited financial statement, using guidelines reflected in the left column; and copies of any management letters.</p> <p>A written letter certifying that the agency did not expend more than \$100,000 in federal funds, along with unaudited financial statements.</p> |
| <input type="checkbox"/> | Non-profit agencies must be able to provide a current financial statement. | Current financial statement that includes income and expense statement, balance sheet and cash flow statements. |
| <input type="checkbox"/> | Non-profit agencies must demonstrate that the agency has an active independent Board of Directors that meets at least 4 times a year. | Provide dated copies of the last 4 Board of Director's meeting minutes, along with listing of name, title and contact information of all Board members. |
| <input type="checkbox"/> | In addition to items reflected above, faith-based organizations must agree to terms of CPD Notice 04-10 issued September 29, 2004 in order to be eligible for assistance. | <p>A signed statement indicating that the faith-based organization has read and agrees with requirements of CPD Notice 04-10, Section IV & VIII, available at:</p> <p>http://www.hud.gov/offices/cpd/lawsregs/notices/2004/04-10.pdf</p> |

SECTION II

APPLICATION QUESTIONS

A. APPLICANT EXPERIENCE

Program Experience:

1. Describe current programs and services, including housing, which is offered to homeless or at-risk of homelessness clients by your agency. Include length of time programs have been offered; staff experience; funding sources for current programs/services offered; and any other pertinent information that will assist the Division to determine agency/staff experience:
2. Provide the total number of years/months that current staff have provided programs to homeless or at-risk of homelessness populations at this or any other agency:

Case management experience:

1. Describe in detail the type of case management that is currently offered by the agency to homeless or at-risk of homelessness clients. Provide information on how clients are screened for eligibility and types of referrals that occur, and include any success stories if available:
2. Provide the total number of years/months that current staff have in providing case management to homeless or at-risk of homelessness populations at this or any other agency:

Federal Grants experience:

1. Describe staff experience administering other Federal housing and/or homeless services grants. Include total number of years for each staff who will be involve in oversight of the Emergency Solutions Grant program:

Marketing of programs:

1. Describe how the agency has marketed programs and engaged persons on a day-to-day basis that ***are least likely*** to request assistance for housing and supportive services. ***Do not include*** engagement that occurs during special outreach activities such as point-in-time counts, homeless stand downs, etc in this section:

B. COMMUNITY NEEDS AND GAPS

1. Describe a short summary of current gaps in programs and services for clients in need of homeless and at-risk of homelessness populations. Include an explanation as to why the agency feels the population to be served ***is most in need of assistance***. Identify obstacles that prohibit the agency from currently addressing underserved needs with resources already available:

2. (Emergency Shelter applicants only) Provide the agency's average utilization rate(s) for emergency shelter and/or transitional housing beds for the homeless for the period of July 1, 2014 through June 30, 2015. Provide documentation from Clarity (if current ESG recipient) or other database that reflects the utilization rate. ***If utilization rates do not exceed 80%, applicant must provide an explanation as to why funding is being requested in the area below.***

Utilization rate for period of July 1, 2014 – June 30, 2015:

Total number of nightly beds available x 365/number of used beds for the year)

Number of Beds available each night:

Explanation if utilization rate is less than 80% for the 1 year period:

3. If applicant currently provides homeless prevention and/or rapid re-housing assistance (or other similar program), provide the total number of clients served and describe the type of clients who received assistance from July 1, 2014 through June 30, 2015 (chronically homeless, veterans, families with children, etc.). Include a copy of the ESG CAPER report (or other database if not ESG funded) that supports the data provided in this response.

Total number of clients served for RRH:

Homeless Prevention:

Describe type of client served:

Estimated number of persons who were turned away due to lack of funding:

C. CLIENT ENGAGEMENT PROCESS

Provide answers only in areas that will be funded with ESG funds in 2016. For example, if not requesting rapid re-housing then a response is not required under the "rapid re-housing" section. ***A response is required under "All Activities" section.***

If Requesting Outreach Funding

1. Describe proposed outreach efforts to homeless individuals and families (especially unsheltered persons) that will occur to ensure that they have access to programs and services offered by the agency. Include a summary of how clients will be screened for eligibility and process used to determine need for assistance and long-term stabilization:

If Requesting Rapid Re-Housing Funding

1. Summarize how the applicant will help homeless persons access affordable housing units, including steps which will help prevent individuals and families who were recently homeless from becoming homeless again. Describe collaborations that will occur with emergency and transitional housing shelters to ensure those homeless will have access to housing and supportive services offered by the applicant. Include actions that the agency will take to help homeless clients transition into permanent housing and independent living, **even if not funded through the ESG Program:**

If Requesting Homeless Prevention Funding

1. Describe how the applicant will engage persons in need of homeless prevention funding and the type of client who will be targeted for this program. Summarize efforts which will occur to help low-income individuals and families avoid becoming homeless again, especially extremely low-income individuals and families and those who are: a) being discharged from publically funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or b) who are receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.

If Requesting Emergency Shelter/Essential Services Funding

1. Describe programs or services offered that will address emergency shelter and transitional housing needs of homeless persons. Describe collaborations that will occur with housing and supportive services providers, and explain how clients will be referred to permanent housing programs. Finally describe how long clients are able to stay in shelters and any requirements of clients in order to access shelter and services.

All Activities

1. Summarize the agency's plan to coordinate housing assistance and services that are available specifically for chronically homeless individuals and families, families with children, veterans and their families, and/or unaccompanied youth:

D. CLIENT ELIGIBILITY PROCESS

Agencies are required to develop Written Standards for the use of ESG funds based on the criteria reflected the RNCOC/Housing Division Written Standards (for rural applicants) and items in Attachment "C" of this Request for Funds. (A copy of the Standards must be returned with this Request. **Missing Written Standards will result in denial of grant funds.** In the questions below, summarize the agency's Written Standards for providing services.

1. Describe how the agency will prioritize the most vulnerable households to ensure those who are most in need of assistance for placement into appropriate housing are provided assistance first:
2. Describe any eligibility criteria that a client must meet in order to access programs:
3. Explain how the agency plans to provide an evaluation of housing stability of all program participants ***prior to exiting from the program(s)*** to ensure long-term housing stability:
4. Describe how the agency will ensure that all person inquiring about assistance, either on the phone or in person, will be screened for not only ESG-funded assistance, but also other housing programs and services offered within the agency or community, as required by program regulations.

5. Describe the community's "Coordinated Intake and Referral" process which is being utilized to ensure that homeless persons are referred to available resources.

E. COLLABORATION WITH LOCAL CONTINUUM OF CARE AND COMMUNITY COALITIONS

1. Describe the agency's participation in the local Continuum of Care (CoC), including the number of meetings attended and any sub-committees that staff participated in between July 1, 2014 – June 30, 2015:

F. OTHER COLLABORATION EFFORTS

HUD strongly encourages applicants to maximize the utilization of all mainstream services available, and to save ESG funds for housing costs. Applicants are encouraged to proactively seek and provide information to applicants about other mainstream resources and funding opportunities.

1. Describe all programs, services, and other mainstream resources that will be made available to the homeless or at-risk of homelessness clients. Include programs such as HUD-VASH Voucher program, Section 8-Housing Choice Voucher Program, Supportive Services for Veteran Families (SSVF) Program, Community Services Block Grant Program, United Way, TANF, Emergency Food and Shelter Program, JOIN, etc., and describe on how clients will be assisted to access these resources.
2. Describe how applicant will engage other community partners in order to address the needs of homeless and at-risk of homeless clients. Include a detailed description of the types of collaboration that will occur with each partner agency listed (attach a separate sheet if necessary in order to provide all information needed), and include partners such as jails, hospitals, the VA, housing authorities, transitional housing providers, youth services providers, elderly services providers, etc:

(Response may be attached as separate document):

G. COORDINATION WITH LOCAL WORKFORCE BOARDS AND/OR COMMUNITY COALITION MEETINGS

ESG recipients must participate in at least 4 community coalition or workforce board meetings per year, as stated in the ESG Performance Standards. Provide the name of the community coalition or workforce board that the agency participates, along with the following items in the summary: Number of meetings that staff attend each year; initiatives that have been created by the community that will address homeless and poverty issues; and any partnerships that have been formed as a result of participation in these meetings. (City of Reno should summarize any community coalition meetings, workforce board meetings, or other meetings attended by City staff and/or agencies funded in northern and southern Nevada):

H. DISCHARGE PLANNING

1. Describe Discharge Plans implemented by the local community which ensures homeless clients residing in hospitals, jails, etc. are not exited into the streets or emergency shelters without access to available resources. Include all agencies that participate in local Plans (jails, hospitals, mental health, etc.) and describe their participation in this process:
2. Describe the agency's policy regarding discharging of clients from ESG-funded programs once assistance has ended. Include plans that will ensure clients who are released or terminated from the program are not discharged into a situation that will cause them to be at risk of homelessness or to become homeless due to lack of adequate resources:

I. HOMELESS MANAGEMENT AND INFORMATION SYSTEM (HMIS)

Recipients of ESG and other McKinney-Vento funding must utilize the statewide HMIS database Clarity. Agencies must be willing to share data with other agencies in the HMIS system in order to prevent duplication of services to program participants. Domestic violence providers must enter client into the comparable database utilized by the Division to ensure required data is gathered and reported to HUD.

All agencies are responsible for ensuring that privacy policies for HMIS data collection and reporting are followed; that client's personal identifying information is protected; staff is trained on all HMIS policies and procedures; and data is entered accurately and completely. In addition, agencies must ensure that reports generated from HMIS and provided to the Division or HUD are accurate:

- ☐ Applicant currently participates in, and enters existing clients into, the Clarity HMIS database or Clarity's comparable database if a DV shelter
- ☐ Applicant does not participate in, or enter existing clients into, the Clarity HMIS database or Clarity comparable database if a DV shelter

Provide name and contact information (email and phone number) of the agency's staff person who will be the point of contact for HMIS issues:

J. HOMELESS PARTICIPATION

Respond by selecting either option #1 or option #2

- ☐ 1. Applicant involves homeless or formerly homeless individuals on the Board of Directors or other Equivalent Policymaking Entity:
 Homeless participation includes (check all that apply):
 - ☐ Involvement in the construction, renovating, maintaining, and operating facilities assisted under ESG
 - ☐ Involvement in volunteer services
 - ☐ Employment
 - ☐ Involvement in policymaking and decisions regarding facilities, services, etc.
- Or*
- ☐ 2. Applicant does **NOT** involve homeless or formerly homeless individuals on Board of Directors or other Equivalent Policymaking Entity. If Applicant does **NOT** involve homeless or formerly homeless individuals on the Board of Directors or other Equivalent Policymaking Entity, describe how the applicant will try to engage a homeless or formally homeless person within the organization:

K. OTHER MISCELLANEOUS ITEMS

1. If applicant is a current sub-recipient of ESG funds, provide the name of the funding agency:
2. If the applicant is a current user of HMIS, provide the name of the person(s) responsible for reviewing HMIS reports to ensure data is entered accurately and in a timely fashion. Also include the name of the person(s) responsible for reviewing program reports to determine if the agency is on target to meet program outcomes.
3. If a new or returning applicant, the following processes and requirements are already in place (check all that applies):
 - ☐ Staff are trained on Lead Based-Paint regulations (☐ N/A for shelters);
 - ☐ Staff are trained on how to calculate and document Rent Reasonableness and Utility Allowances (☐ N/A for shelters);
 - ☐ Applicant has a process in place for working with landlords which includes the execution of a Landlord Memorandum of Understanding (☐ N/A for shelters);
 - ☐ Applicant has developed written policies and procedures for programs offered to homeless or at-risk of homeless clients, which includes client eligibility criteria;
 - ☐ Staff are trained on conducting Habitability Standards Inspections;
 - ☐ Applicant has a current Privacy Policy that has been made available to all staff;
 - ☐ Applicant has a current Code of Conduct that has been made available to all staff;
 - ☐ Applicant has a current Grievance Policy that has been made available to program participants and applicable staff; and
 - ☐ Applicant has developed a Housing Assessment and Housing Plan for clients to ensure their long term success.
4. If the applicant is a current recipient of State ESG funding and ***has expended less than 50% of the 2014 allocation as of the due date of this application***, provide an explanation with reasons behind delays in requesting funds, and the need for additional funds in 2016. Also include a summary of the Agency's plan to ensure all previous year's funding will be expended by the grant deadline:
5. Use this area to document actual success stories that have resulted from efforts made by agency staff to address and end homelessness, including chronically homeless individuals, families, and veterans.

SECTION III

ACTIVITY DEFINITIONS AND REQUEST FOR FUNDS SUMMARIES

A. ELIGIBLE ACTIVITY DEFINITIONS

1. Street Outreach, Emergency Shelter and Essential Services

Important Note: Only existing recipients of street outreach, emergency shelter-operations and emergency shelter-essential services funding may submit requests for these activities. New shelter/transitional housing requests will not be accepted.

- a. **Street Outreach:** Providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing or critical services; and provide urgent non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing or an appropriate health facility. An example of an eligible costs under this category would be salaries for staff to engage homeless persons living in homeless camps so that services can be provided ***at the camp*** and not at the local shelter. Services might include food, medical supplies, counseling and referrals to other programs and services.
- b. **Emergency Shelter Operations:** Costs of maintaining emergency shelter and transitional housing for the homeless, including the following: minor or routine repairs; rent; food; security; fuel; equipment; telephone/cell services; internet expenses; furnishings; office supplies, utilities, insurance, and other supplies necessary for the operation of the shelter(s). *Where no appropriate emergency shelter is available for homeless individuals and families, eligible costs may also include a hotel or motel voucher.*

Note: The definition of an Emergency Shelter is not restricted to those facilities that provide overnight sleeping accommodations. As a result, day centers and drop-in centers are also eligible to receive ESG funds for eligible activities.

- c. **Emergency Shelter-Essential Services:** ESG funds may be used to provide essential services to persons in emergency shelters. Includes case management, education services, employment assistance, life skills, etc. of clients residing in homeless shelters

2. Homeless Prevention and Rapid Re-Housing, Data Collection and Administration

- a. **Rapid Re-Housing-Rental Assistance (HUD Priority Need Activity):** Short- to medium-term rental assistance for up to 24 months, including up to six months of rental arrears, to homeless individuals and families. Housing assistance provided must be located in **permanent housing**.
- b. **Rapid Re-Housing-Housing Relocation and Stabilization Services (HUD Priority Need Activity):** Financial Assistance such as rental application fees, security deposits, etc., and/or services such as case management, housing search and placement, legal services, etc.
- c. **Homeless Prevention-Rental Assistance:** Short- to medium-term rental assistance for up to 24 months, including up to six months of rental arrears, to individuals and families *at imminent risk* of homelessness. Housing assistance provided must be located in **permanent housing**.

- d. **Homeless Prevention-Housing Relocation and Stabilization Services:** Financial Assistance such as rental application fees, security deposits, etc., and/or services such as case management, housing search and placement, legal services, etc.
- e. **HMIS and Data Collection:** Staff costs for contributing data to the HMIS designated by the local Continuum of Care, including time to complete data entry, monitoring and reviewing of data quality. If applicant is a Victim Services provider, funds may be used to establish and operate the Division approved comparable database. Activities funded under this category must comply with HUD's standards on participation, data collection and reporting under HMIS, including implementation of privacy policies to ensure that a program participant's personal identifying information is protected.
- f. **Administrative Costs:** Costs of program management, coordination, monitoring and evaluation of the State's ESG program. Includes costs of sub-recipient staff who prepare program budgets, preparing reports and other documents directly related to the program for submission to the Division or HUD, coordinating the resolution of audit and monitoring findings, and costs for goods and services required for administration of the program.

B. FUNDING REQUESTS AND ACTIVITY SUMMARY

Amount(s) requested must equal amount(s) entered in Attachment E-ESG Budget form.

1. Street Outreach

Amount Requested: \$ _____

Is agency an existing ESG recipient for Street Outreach funding? ☐ Yes ☐ No

Is this activity considered to be a "Priority Need" of the community? ☐ Yes ☐ No

Describe why the project is considered to be a Priority Need within the community:

Average number of employees who will be billed to the ESG Grant:

Average hourly wage that will be billed to the ESG Grant:

2. Emergency Shelter-Shelter Operations:

Amount Requested: \$ _____

Is agency an existing ESG recipient for Shelter Operations funding? ☐ Yes ☐ No

Is this activity considered to be a "Priority Need" of the community? ☐ Yes ☐ No

Describe why the project is considered to be a Priority Need within the community. Provide the number of days/weeks/months clients will be allowed to stay at the shelter; steps that will be taken by agency staff to ensure clients are discharged into transitional or permanent housing; and other resources that will be made available to help improve their homeless situation.

Is the applicant denied access to shelter if unable to pay occupancy or rental fees?

☐ Yes ☐ No ☐ N/A

If yes please explain:

Will the applicant reserve a portion of any occupancy or rental fees charged in order to assist the program participant to move into permanent housing? If yes please describe below:

☐ Yes ☐ No ☐ N/A

Describe:

Average number of employees who will be billed to the ESG Grant:

Average hourly wage that will be billed to the ESG Grant:

3. Emergency Shelter-Essential Services:

Amount Requested: \$ _____

Is agency an existing ESG recipient for Essential Services funding? ☐ Yes ☐ No

Is this activity considered to be a “Priority Need” of the community? ☐ Yes ☐ No

Describe why the project is considered to be a Priority Need within the community. Include estimated number of hours per week/month clients will receive case management regardless if case management will be funded with ESG:

Average number of employees who will be billed to the ESG Grant:

Average hourly wage that will be billed to the ESG Grant:

4. Rapid Re-Housing-Rental Assistance:

Amount Requested: \$ _____

Is agency an existing ESG recipient for rapid re-housing funding? ☐ Yes ☐ No

Is this activity considered to be a “Priority Need” of the community? ☐ Yes ☐ No

Describe why this activity is considered to be a Priority Need within the community:

Will the applicant charge a portion of month rent to program participants? ☐ Yes ☐ No
If yes please describe:

Does the applicant deny assistance to program participants if unable to pay occupancy or rental fees: ☐ Yes ☐ No ☐ N/A

5. Rapid Re-Housing-Housing Relocation & Stabilization Services:

Amount Requested: \$ _____

Is agency an existing ESG recipient for RRH-HR&S funding? ☐ Yes ☐ No

Is this activity considered to be a “Priority Need” of the community? ☐ Yes ☐ No

Describe why this activity is considered to be a Priority Need within the community:

Average number of employees who will be billed to the ESG Grant:

Average hourly wage that will be billed to the ESG Grant:

6. Homeless Prevention-Rental Assistance:

Amount Requested: \$ _____

Is agency an existing ESG recipient for Homeless Prevention funding? ☐ Yes ☐ No

Is this activity considered to be a "Priority Need" of the community? ☐ Yes ☐ No

Describe why this activity is considered to be a Priority Need within the community:

Will the applicant charge a portion of month rent to program participants? ☐ Yes ☐ No

If yes please describe:

Does the applicant deny assistance to program participants if unable to pay occupancy or rental fees: ☐ Yes ☐ No ☐ N/A

7. Homeless Prevention-Housing Relocation & Stabilization Services:

Amount Requested: \$ _____

Is agency an existing ESG recipient for HP-HR&S funding? ☐ Yes ☐ No

Is this activity considered to be a "Priority Need" of the community? ☐ Yes ☐ No

Describe why this activity is considered to be a Priority Need within the community:

8. HMIS/Data Collection:

Amount Requested: \$ _____

Is Agency the HMIS Lead Agency for the Continuum of Care? ☐ Yes ☐ No

Average number of employees who will be billed to the ESG Grant:

Average hourly wage that will be billed to the ESG Grant:

9. Administrative Costs: (Capped at 7.5% of the grant award)

Funding Request: \$ _____

Average number of employees who will be billed to the ESG Grant:

Average hourly wage that will be billed to the ESG Grant:

TOTAL ESG FUNDS REQUESTED: \$ _____

C. ANTICIPATED PERFORMANCE OUTCOMES

1. If the Applicant will be providing emergency shelter, rapid re-housing, or other services to harder to serve populations (mentally or physically disabled, chronic substance users, chronically homeless, etc.), describe how the agency will target these populations. Describe actions which will be taken to ensure long-term stabilization once a participant exits a program.
2. Describe all type(s) of case management that will be provided to clients, even if not funded through the ESG program.

3. Describe specific actions that will occur to ensure that the average length of stay in a shelter is reduced and what steps will occur to ensure program participants are exited into permanent or transitional housing (*shelter applicants only*)
4. Describe specific actions that will occur to ensure program participants will have increased jobs, income, and self-sufficiency prior to exiting a shelter or housing program.
5. If applicable, describe specific steps that will be taken to increase the number of homeless families with children with access to transitional or permanent housing.
6. If the Applicant will be providing assistance to homeless veterans, describe details on how they will be provided access to permanent housing.

D. MATCH OBLIGATION

24 CFR part 576.201 requires that agencies receiving funds obtain matching contributions to supplement the program in an amount that equals the ESG allocation. Applicants must complete Attachment D-ESG Match Documentation Form and return with the Request for Funds, ensuring match will be provided during the grant period and is equal to the amount requested above:

Total Match reported on Attachment D:\$ _____

Has Agency obtained sufficient match that equals the total amount of ESG funds requested above? ☐ Yes ☐ No

If “no” summarize the applicant’s plan that will ensure that this requirement is met:

SECTION IV
EMERGENCY SOLUTIONS GRANT
FY 2016 COMPLIANCE CERTIFICATION

HUD requires grant recipients to certify to compliance with certain federal laws and requirements, and the Division requires grant recipients to certify to conflicts of interest. Please review the certifications below, complete blanks as needed, and have the authorized representative of your Board of Directors or unit of general local government sign in affirmation.

A. COMPLIANCE WITH DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned acknowledges and certifies that the employees to be engaged in the performance of this grant at the Place or Places of Performance, hereinafter defined, will comply with the Drug-Free Workplace Act of 1988. The agency also agrees to obtain signed certifications by each employee and new hire that certifies that the employee will comply with the Act, and the agency will maintain these certifications on file and make them available for review pursuant to the terms and conditions relative to record keeping and monitoring, as will be defined in the resolution governing any future grant awards.

Places of Performance (include street address, city and zip code for each site where services will be provided):

| Function of Facility in Program Services | Street Address | City / Zip Code | Estimated No. of employees at site: |
|------------------------------------------|----------------|------------------------|-------------------------------------|
| <i>Example: Shelter</i> | 1000 A Street | <i>Mesquite, 89004</i> | <i>10</i> |
| | | | |
| | | | |
| | | | |

B. COMPLIANCE WITH OTHER FEDERAL REQUIREMENTS

The undersigned acknowledges and certifies that the organization will comply with all applicable Federal requirements as reflected in 576.404, 576.406, 576.407 and 576.408 regarding the following: Conflict of Interest; Affirmative Outreach; Lobbying Requirements, Uniform Administrative Requirements; Procurement of Recovered Materials; Displacement, Relocation and Acquisition; and Relocation Assistance for Displaced Persons.

In addition the undersigned acknowledges and certifies that the organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Section 504 of the Rehabilitation of 1973, as amended, and the Americans with Disabilities Act of 1990.

C. CONFIDENTIALITY REQUIREMENTS

The undersigned certifies that the organization will adopt policies and procedures which meet at least the minimum standards for protecting the confidentiality of information as set forth in the federal ESG requirements as reflected in 24 CFR part 576.500.

D. CERTIFICATION OF HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION REQUIREMENTS

The undersigned acknowledges and certifies that the organization will participate in the Congressionally mandated HMIS database system that has been implemented by the Northern, Southern, and Rural Nevada Continuums of Care.

It is further certified that this organization agrees to comply with Federal Register 4848-N-02, which states that recipients of McKinney-Vento HUD funds, including the ESG Program, must provide certain data on homeless clients served through a centralized HMIS database. The organization understands that they will be contacted by the HMIS System Administrator to secure licenses, software and training for this database, and that costs associated with this requirement *may* be paid for by the them.

The undersigned also understands that although the Division has currently funded the HMIS provider directly and so costs associated with this requirement should be minimal, applicants should be prepared to participate at their own cost in order to meet this mandated requirement. (Note: Domestic violence shelters will not be required to participate in the Statewide HMIS but must agree to enter client data into a comparable database as required by 24 CFR part 576.)

E. DISCHARGE PLANNING

Local governments receiving ESG funds must make every effort to develop, to the maximum extent practicable and where appropriate, practices and protocols to insure that publicly funded institutions, such as health care facilities, foster care and other youth facilities, and jails/corrections programs located in the local government's jurisdiction do not discharge persons to the streets or otherwise result in homelessness for this vulnerable population.

Applicant acknowledges and certifies that the agency will participate in efforts to implement and participate in community-wide discharge plans and will work with partners to develop discharge plans that are supported by executed Memorandums of Understanding between participating agencies.

F. PERFORMANCE STANDARDS

The undersigned acknowledges and certifies that programs and services funded through the ESG program will be designed to assist the local Continuum of Care (CoC) and the Division in meeting performance outcomes adopted by the CoC, as reflected in Exhibit C attached. The undersigned further understands that performance objectives, outcomes and measures will be used to demonstrate how activities funded with the ESG program are helping local continuum's of care to meet their goals.

The undersigned also agrees to provide the Division and the local CoC copies of reports obtained from HMIS which will be used to determine whether or not the agency is meeting objectives, and will provide completed Annual Reports to the Division at the end of each program year.

G. CERTIFICATION OF SUBMISSION

The undersigned acknowledges and certifies that the Board of Directors of the applying organization (or the Board of Supervisors/County Commissioners if the applicant is a unit of local government) endorses this Request for Emergency Solutions Grant Funds to be submitted to the State of Nevada Housing Division for funding consideration for the fiscal year FY 2016.

The undersigned further certifies that the organization submitting this Request is: 1) a non-profit, faith-based organization, or unit of local government; 2) tax-exempt, if applicable; 3) incorporated in the State of Nevada; and 4) has complied with all applicable laws and regulations pertaining to same;

The undersigned hereby commits the organization to provide the services or project identified in the Eligible Activities section in accordance with this Request for Emergency Solutions Grant Program Funds.

The undersigned commits that the organization will submit required reports and draw

reimbursement requests within the timeframes provided by the State of Nevada Housing Division once funds are awarded.

If this Request for Funds is approved, and this organization receives funding from the State of Nevada, the undersigned commits to develop written Policies and Procedures, which include the Written Standards provided as part of this submission, prior to the agency assisting program participants with ESG funds.

If this Request for Funds is approved, and this organization receives funding from the State of Nevada, it is agreed that all relevant federal, state and local regulations and other assurances as required by the Division will be adhered to. Additionally, it is agreed that all guidelines, definitions, and limitations set forth in the accompanying Program Guidelines will be adhered to at all times.

The undersigned further certifies that this Request for Funds and the information contained herein is true, correct and complete, and that the signer of this document is authorized to act on behalf of the agency.

Signed,

NAME (print full name)

SIGNATURE

TITLE

NAME OF AGENCY

DATE

POLICY OF NON-DISCRIMINATION

This notice is published pursuant to the requirements of 24 CFR Part 8 Nondiscrimination Based on Handicap in Federally-Assisted Programs and Activities of the Department of Housing and Urban Development, as published in the Federal Register on June 2, 1988. Section 8.4 prohibits discrimination against qualified individuals because of his/her handicap status. Department of Business and Industry: Nevada Housing Division advises the public, employees and job applicants that it does not discriminate on the basis of handicapped status in admission or access to, or treatment or employment in its programs and activities. Department of Business and Industry: Nevada Housing Division is committed to providing reasonable accommodations for all individuals with disabilities to allow them to participate in all programs and activities. The following person(s) has been designated as the contact to coordinate efforts to comply with the above requirements. Inquiries should be directed to: Denise Cox, Section 504 Coordinator, Department of Business and Industry Housing Division. Requests for reasonable accommodation may be made in writing or in person at 1535 Old Hot Springs Road, Suite 50, Carson City, NV 89706; via phone: 775-687-2044; via fax: 775-687-4040; via TDD Number: (800)326-6868 or via email to dcox@housing.nv.gov during the hours 8:00 to 5:00 p.m., Monday through Friday.

Exhibit A

REQUIRED DOCUMENTS TO BE SUBMITTED WITH FY 2016 REQUEST FOR FUNDS

The following items must accompany the Request for Funds. Missing items may disqualify the request from consideration.

- ☐ Attachments A-H (*Attachment B-HMIS Survey is required only of new applicants that do not currently participate in Clarity. Attachment H-Maintenance of Effort is required of all units of general purpose local government applicants*);
- ☐ Agency's Written Standards, as outlined in the Division's ESG Program Guidelines, 24 CFR Part 576, and using checklist reflected in Attachment C. ***Effective in 2016 rural agency Written Standards must be in alignment with the RNCoc/Nevada Housing Division Written Standards and shall include minimum requirements reflected within the those Standards***;
- ☐ Documentation reflecting emergency, transitional and/or permanent housing utilization rates for period 07/01/2013 through 6/30/2015;
- ☐ Current ESG recipients must provide a copy of an ***APR*** and the ***ESG CAPER*** report from Clarity for period of 07/01/2013 through 06/30/2015;
- ☐ Proof of nonprofit status, as registered with the Nevada Secretary of State, if applicable. (e.g., a tax-exemption letter from the Nevada Department of Taxation); and a copy of current non-profit designation from the IRS;
- ☐ Most current single audit per OMB Circular A-133 for expenses of \$750,000 or more in Federal funds for that reporting period (***including the Compliance Section and all letters***); ***OR*** a copy of your organization's most recent audited financial statements for expenses of \$100,000 up to \$749,999; ***OR*** provide a letter stating that your agency expended less than \$100,000 of Federal funds during that reporting period ***AND*** a copy of your audited (or un-audited) financial statements;
- ☐ Non-profit agencies must also provide *current* financial statements that includes income and expense statement, balance sheet and cash flow statements;
- ☐ Non-profit agencies must provide a Board of Directors list, including mailing addresses, email contacts if available, and titles; and dated copies of the last 4 Board of Director's meeting minutes;
- ☐ Agency's organizational chart, including names, titles, and contact information (phone & email) of all staff;
- ☐ Indirect Cost Rate and/or Certified Copy of the Cost Allocation Plan if ESG funding will be used to pay for indirect costs , i.e. Executive Director's salary, Accounting Fees, Audit Fees, costs for the entire office, etc. (Citations-OMB Circular A-87 "Cost Principles for State, Local and Indian Tribal Governments; and OMB Circular A-122 "Cost Principles of Non-Profit Organizations".
- ☐ (***First-time applicants***) Parcel Number of the agency implementing program or shelter
- ☐ (***First-time applicants***) Name and address of local City Planner and Airport Authority
- ☐ ***Faith-Based Organizations*** must submit a signed statement that the organization will follow requirements of CPD Notice 04-10, Sections IV and VIII, located under the following link: <http://www.hud.gov/offices/cpd/lawsregs/notices/2004/04-10.pdf>
- ☐ ***City of Reno only***: Provide a written summary received from the local Continuum of Care that documents: 1) the consultation process; 2) local CoC approval of the use of State ESG funds; and 3) agreement that the activities selected by the City/County are in alignment with local CoC goals and objectives.
- ☐ ***Rural Applicants must submit 1 original and 5 copies*** of the completed Request for Funds to the contact person reflected on the cover page. Include only 1 set of original Attachments. **Do Not Staple.**

Attachment A

**EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)
CERTIFICATION OF LOCAL APPROVAL FOR
NON-PROFIT ORGANIZATIONS**

(Required for **first-time** non-profit/faith-based applicants only)

I, _____, (name and title) duly authorized to act on behalf of the _____

City/County, hereby approve the following project(s) proposed by _____ (name of
nonprofit requesting ESG funding) which is/will be located at the following address:
_____.

Furthermore, the City/County of _____ is aware that the funding for this project may
extend beyond the current year, and approval of this project will continue unless revoked
in writing.

By:

(Type or Print Name and Title of Local Government Official)

Signature

Date

Title

* The City/County completing this form will not be accountable for the agency's performance or
management of this program. This form is used solely to document support of the non-profit's plans for
the use of the Emergency Solutions Grant funds.

Attachment B

Homeless Management Information System (HMIS)

HMIS User Preparation Survey
(Required of new applicants only)

Agency information:

Organization: _____
Name: _____
Title: _____
Email: _____
Phone: _____
Fax: _____

Technology infrastructure:

Do you have a computer for every HMIS user in your agency? _____
Total computers: _____ Total to use HMIS: _____
Please indicate computer operating system: _____
How do you connect to the Internet? _____
Are you using current Antivirus software? _____
Do you have a Firewall and/or router? _____
Name of Internet provider: _____

IT staff information:

Contact name: _____
Location: _____
Email: _____
Phone: _____

Contact name: _____
Location: _____
Email: _____
Phone: _____

Primary contact person regarding HMIS issues:

Contact name: _____
Location: _____
Email: _____
Phone: _____

Types of staff that will be using HMIS:

- ☐ Information and referral staff
- ☐ Intake staff
- ☐ Service and shelter managers
- ☐ Counselors and case managers
- ☐ Staff supervisors
- ☐ Clerical and data entry
- ☐ Other: _____
- ☐ Other: _____

Attachment C

Written Standards Checklist Emergency Solutions Grant Program

The U.S. Department of Housing and Urban Development requires sub-recipients to develop and implement Written Standards for programs provided through the Emergency Solutions Grant Program. The following guidelines must be followed when developing these Standards. Standards for emergency shelter programs will be different than Standards for homeless prevention and rapid re-housing programs. Agencies must ensure that the Standards developed are appropriate for programs offered. Enter a checkmark next to applicable areas as the Standards are completed to ensure all aspects of the requirements are met. ***Effective 2016, rural agency Standards must be in alignment with the RNCOC/Nevada Housing Division Standards adopted in 2015. A copy of the Written Standards, along with this checklist, must be provided to the Division as part of this Request for Funds.***

| ALL PROGRAMS | CHECK IF IMPLEMENTED |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Standards include the area of service where assistance shall be offered. | <input type="checkbox"/> |
| 2. Standards include all type(s) of assistance that will be offered through the ESG program. | <input type="checkbox"/> |
| 3. Standards summarize the procedure in place that defines how program participants will be evaluated for eligibility of assistance under the ESG program <u>using the coordinated intake and assessment system located within the applicant's Area of Service.</u> (Note: DV shelters must follow the requirements of the Violence Against Women Act and the Family Violence Prevention and Services Act which prohibits agencies from making its shelter or housing conditional on the participant's acceptance of service) | <input type="checkbox"/> |
| 4. Standards include procedures describing the coordination that will occur among emergency shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers. | <input type="checkbox"/> |
| 5. Standards include a list of available programs that program participants will be referred, including all programs reflected in 576.400 (b) and (c) such as Shelter + Care, VASH Voucher, Section 8, Emergency Food and Shelter program, etc. if available to program participants in the agency's area of service. | <input type="checkbox"/> |
| 6. Standards describe the formal termination process established by the agency that recognizes the rights of individuals affected. The agency must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases. | <input type="checkbox"/> |
| 7. Standards describe the program participant's formal grievance process. Included shall be the right for the participant to contact the agency's Director, the Housing Division or HUD. | <input type="checkbox"/> |
| 8. Standards include summaries regarding the requirement that clients served and activities provided with ESG funds will be entered into HMIS (or comparable database if a DV shelter), the timeframe for data to be entered, and the process for ensuring confidentiality of client records. | <input type="checkbox"/> |
| 9. Standards include steps used to ensure clients receiving ESG assistance are provided all applicable HMIS releases, forms, client complaint process, etc. as required by HMIS regulations. | <input type="checkbox"/> |

| STREET OUTREACH/ EMERGENCY SHELTER OPERATIONS/ESSENTIAL SERVICES | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Standards include a summary of how agency staff will target and provide services related to street outreach, if provided. | <input type="checkbox"/> |
| 2. Standards include steps for admission, diversion, referral, and discharge by emergency shelters assisted under ESG. Include standards regarding length of stay limits, if any, and safeguards to meet the safety and shelter needs of special populations, such as victims of domestic violence, sexual assault, etc. | <input type="checkbox"/> |
| 3. Standards include procedures for admission, diversion, referral and discharge by emergency shelters for individuals and families who have the highest barriers to housing and are likely to be homeless the longest. | <input type="checkbox"/> |
| 4. Standards include assessing, prioritizing, and reassessing individuals and families' needs for essential services related to emergency shelter. | <input type="checkbox"/> |
| 5. Standards include procedures on how staff will provide referrals of shelter clients to permanent housing programs. | <input type="checkbox"/> |
| 6. New: Standards include procedures on how staff will increase household income, including earned income, other cash income, and non-cash income resources. | <input type="checkbox"/> |
| HOMELESS PREVENTION AND RAPID RE-HOUSING | |
| 1. Standards shall include definitions of who is considered to be homeless and at-risk of homelessness, as defined in 576.2. (<i>Note: Agencies are <u>not</u> allowed to use the definition under 576.2(iii)(G), that states "Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness"</i>) | <input type="checkbox"/> |
| 2. Standards include a process for determining and prioritizing which eligible families and individuals will receive homeless prevention or rapid re-housing assistance. <i>If agency is utilizing a "vulnerability index" please describe how it will be used to determine clients who are most in need of assistance.</i> | <input type="checkbox"/> |
| 3. Standards include standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance, if applicable. | <input type="checkbox"/> |
| 4. Standards include process for evaluating and documenting income eligibility since program participant's income must be below 30% of area median income as established by HUD for the area in which the participant lives when entering the program. Agencies must follow guidelines found under 24 CFR 5.609 when calculating income. | <input type="checkbox"/> |
| 5. Standards include the steps to determine the eligibility of rental assistance, including steps to determine that rent + utilities do not exceed Fair Market Rents for the area of service. | <input type="checkbox"/> |
| 6. Standards include how agency staff will document FMR and rent reasonableness standards, lead based paint inspections, and housing inspections. Included shall be procedures to verify and document the age of the units built before 1978 may contain lead based paint. | <input type="checkbox"/> |
| 7. Standards include steps for determining how long a program participants will be provided rental assistance and whether or not (and how) the amount of that assistance will be adjusted over time, if applicable. | <input type="checkbox"/> |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 8. Standards include steps for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, the maximum number of months the program participant receives assistance, or the maximum number of times the program participant may receive assistance. | <input type="checkbox"/> |
| 9. Standards that includes the requirements of program participants to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability (and be documented in client case file and HMIS). Included shall be the agency's plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations such as the program participant's current or expected income and expenses, other public or private assistance for with the program participant will be eligible and likely to receive, and the relative affordability of available housing in the area. (Note: DV shelters must follow the requirements of the Violence Against Women's Act or the Family Violence Prevention and Services Act which prohibits agencies from making shelter or housing conditional on the participant's acceptance of service.) | <input type="checkbox"/> |
| 10. Standards include requirements that clients will be re-evaluated for program eligibility and the types and amounts of assistance the program participant needs. This re-evaluation process shall be conducted not less than once every 3 months for program participants who are receiving homelessness prevention assistance and not less than once annually for program participants receiving rapid re-housing assistance. Income limits shall not exceed 30% of AMI; the participants still lacks the resources and support networks necessary to retain housing. | <input type="checkbox"/> |
| 11. Standards shall include any requirements the agency may have regarding the requirement of the program participant to notify the agency of any change in income, stability, support circumstances that would affect the program participant's need for assistance under the ESG program. If applicable, when notified of the relevant change, the agency shall include steps to re-evaluate the program participant's eligibility and amount and types of assistance the program participant needs. | <input type="checkbox"/> |
| 12. If the program participant receives rental assistance or housing relocation and stabilization services, the Standards shall include the formal process for terminating a program participant that includes: <ul style="list-style-type: none"> a) Written notice to the program participant containing a clear statement of the reasons for termination; b) A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; and c) Prompt written notice of the final decision to the program participant. <i>Included shall be language stating that termination does not bar the program participant from receiving assistance at a later date if the issue that caused the termination is resolved.</i> | <input type="checkbox"/> |
| 13. If the program participant receives rental assistance or housing relocation and stabilization services, the Standards shall include an Exit Strategy which will assess housing needs of program participants who are nearing the end of assistance. Housing stability of program participants must continue after assistance ends, so the Standards should include an exit strategy that will ensure program participants remain housed for at least 6 months after program exit. | <input type="checkbox"/> |

I certify that the Written Standards developed for the Emergency Solutions Grant Program (ESG) follow guidelines reflected above, the regulations under 24 CFR Part 576, and include the minimum requirements reflect within the RNCoC/Nevada Housing Division's Written Standards (rural applicants only). Enclosed is a copy of the Written Standards that will be used by all agency staff who will participate in the ESG program.

Printed Name of Agency Director

Date

Signature

Attachment D
ESG Matching Contribution Instructions for attached Matching Contributions Form

Applicants must make matching contributions to supplement ESG funding dollar-for-dollar. Eligible types of matching contributions include: cash contribution; non-cash contributions; and costs paid by program income.

Matching contributions may be made from any source, including any federal source other than the ESG Program, as well as state, local and private sources. Refer to 24 CFR Part 576.201 for additional requirements that apply to matching contributions from a federal source of funds.

Applicants must identify and document matching contributions in an amount equal to or greater than the amount of ESG funding requesting this Request for Funds application. ***Complete the attached Match Worksheet (Attachment D) and submit with Request for Funds application.***

**Attachment E
ESG Budget**

| Agency Name: | | Total Project Budget (Include all funding sources used to run program) | Amount of ESG Funds Requested |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|
| Expense Category | | | |
| Street Outreach | | | |
| | Engagement, case mgmt, emergency health/mental health services, transportation, services for special populations | | |
| Street Outreach Subtotal | | | |
| Shelter | | | |
| | Essential Services | | |
| | Operations | | |
| Shelter Subtotal | | | |
| Homelessness Prevention | | | |
| | Rental Assistance: Short- or medium-term or arrears | | |
| | Housing Relocation & Stabilization Services: Other Financial Assistance (Rental app fees, security deposits, last month's rent, utility deposits, utility payments, moving costs) | | |
| | Housing Relocation & Stabilization Services: Case Management | | |
| | Housing Relocation & Stabilization Services: Services Costs (Mediation, legal services, credit repair) | | |
| Homelessness Prevention Subtotal | | | |
| Rapid Re-housing | | | |
| | Rental Assistance: Short- or medium-term or arrears | | |
| | Housing Relocation & Stabilization Services: Other Financial Assistance (Rental app fees, security deposits, last month's rent, utility deposits, utility payments, moving costs) | | |
| | Housing Relocation & Stabilization Services: Case Management | | |
| | Housing Relocation & Stabilization Services: Services Costs (Mediation, legal services, credit repair) | | |
| Rapid Re-housing Subtotal | | | |
| Data Collection/Reporting | | | |
| | Salaries for data collection | | |
| | Other (comparable database, etc) | | |
| Data Collection/Reporting Subtotal | | | |
| Administrative Costs | | | |
| | Allowable administrative costs (reporting, accounting of funds) | | |
| Grand Total | | | |
| Matching Contributions | | | Amount |
| | Cash (Federal, state, local, or private grants, or other contributions) | N/A | |
| | Noncash (Real property, equipment, goods, services, etc) | N/A | |
| Total Matching Contributions (Must equal amount reflected in Attachment D) | | TOTAL | |

Attachment F
Anticipated number of unduplicated clients to be served by Program Type

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Agency Name: | | |
| ESG Amount Requested | \$ | |
| Activity Type | Amount Requested | Anticipated of clients to be served (provide number of Individuals and Families <u>and</u> number of adults and children |
| Street Outreach | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Emergency Shelter- Shelter Operations | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Emergency Shelter- Essential Services | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Homeless Prevention- Rental Assistance | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Homeless Prevention- Housing Relocation & Stabilization (<i>Include only unduplicated clients not reflected under Rental Assistance</i>) | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Rapid Re-Housing- Rental Assistance | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Rapid Re-Housing- Housing Relocation & Stabilization (<i>Include only unduplicated clients not reflected under Rental Assistance</i>) | | <div style="text-align: right;">_____ Individuals</div> <div style="text-align: right;">_____ Families</div> <div style="text-align: right;">_____ Adults</div> <div style="text-align: right;">_____ Children</div> |
| Data collection/HMIS | | N/A |
| Administration | | N/A |

Attachment G
CERTIFICATION OF RELIGIOUS COMPLIANCE

_____ (Applicant) agrees to provide all eligible activities under this Program in a manner that is in accordance with 24 CFR Part 576.406:

- A) Applicant will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
- B) Applicant will not discriminate against any person applying for shelter or any of the eligible activities under this part on the basis of religion and will not limit such housing or other eligible activities or give preference to persons on the basis of religion; and
- C) Applicant will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of shelter and other eligible activities under this Project.

Printed Name of Authorized Representative

Title

Authorized Representative Signature

Date

Attachment H
MAINTENANCE OF EFFORT
(Units of General Purpose Local Government Applicants only)

Has the unit of local government received State ESG funds for Emergency Shelter and/or Street Outreach in the past? ☐ Yes ☐ No

Emergency Shelter-Operations (Select one)

- ☐ 2016 Emergency Solutions Grant funding for Emergency Shelter-Operations will replace funds that were provided by the Local Government during the past 12 months. **Activity may not be eligible.***
- ☐ 2016 Emergency Solutions Grant funding for Emergency Shelter-Operations will **NOT** replace funds that were provided by the Local Government within the last 12 months.

Emergency Shelter-Essential Services (Select one)

- ☐ 2016 Emergency Solutions Grant funding for Emergency Shelter-Essential Services will replace funds that were provided by the Local Government within the past 12 months. Activity may not be eligible.*
- ☐ 2016 Emergency Solutions Grant funding for Emergency Shelter-Essential Services will **NOT** replace funds that were provided by the Local Government within the past 12 months.

Street Outreach (Select one)

- ☐ 2016 Emergency Solutions Grant funding for Street Outreach services will replace funds that were provided by a Local Government within the past 12 months. Activity may not be eligible.*
- ☐ 2016 Emergency Solutions Grant funding for Street Outreach services will **NOT** replace funds that were provided by the Local Government within the past 12 months.

* If the first option is selected on any of the above, the Activity may not be eligible for Emergency Shelter Operations, Essential Services or Street Outreach funding unless the agency meets the "Severe Financial Deficit" criteria. Refer to 24 CFR Part 576.101(a)(6)(c) for guidance.

Applicant certifies that Emergency Solutions Grant funds **will not replace** funds that were provided by the unit of local government for emergency shelter or street outreach activities during the previous twelve (12) months (do not sign if ESG funds **will** supplant government funding. Contact the ESG Program Administrator for instructions):

Printed Name of Local Government Authorized Representative

Title

Authorized Representative Signature

Date

Exhibit B

Instructions for running Bed Utilization Reports in Clarity

Provide the utilization rate of existing emergency or transitional housing beds for the homeless if provided by the applicant for period of July 1, 2012 through June 30, 2014. Clarity users must provide the utilization rates by using the following three steps:

1. Determine the total available beds for your program

- Multiply the number of beds available in your program by 365. If your program was not available during the entire scope of the year, you will need to determine the actual number of nights the beds were available and multiply that by the total number of beds.

2. Determine the total bed nights provided

- In Clarity, run the [HSNG-101] Housing Census report for the 12 month date range. The total at the bottom of the report represents the actual bed nights provided. The last page of this report (showing the total) should be submitted with your application.

3. Determine your utilization rate

- $\text{Utilization} = \text{total bed nights provided} \div \text{total number of beds available} \times 100$ to determine the percentage.

Example 1: Agency has a 5 bed program that was available all year. The total number of available beds for the year equals 1825 ($5 \times 365 = 1825$). The Housing Census report within Clarity reflects a total at the bottom of 1801. This is the total number of bed nights provided. The utilization rate for the year is 98.7% (1801 divided by 1825 and multiplied by 100 = 98.68%, rounded up to 98.7%)

Example 2: Agency has a 10 bed seasonal program that was available for only 92 days during the 12 months. The total number of available beds for the year is 920 ($10 \times 92 = 920$). The Housing Census report within Clarity reflects a total at the bottom of 720. This is the total number of bed nights provided. The utilization rate for the year is 78.3% (720 divided by 920 and multiplied by 100 = 78.26, rounded up to 78.3 %.)

Contact Bitfocus, Inc. if applicant needs assistance with determining the utilization rate by bed type from Clarity

Exhibit C
(For Reference Only)

**Rural Nevada Continuum of Care/Nevada Housing Division
Performance Standards**

| RURAL NEVADA CONTINUUM OF CARE and STATE ESG PROGRAM OBJECTIVES AND OUTCOMES SUMMARY | |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective #1 | Grantees shall assist “harder to serve” homeless populations |
| Outcome #1 | All programs: Homeless PERSONS served will be “harder to serve” populations, having one or more of the following issues: Mental Illness, Alcohol Abuse, Drug Abuse, Chronic Health Conditions, HIV, Developmental Disabilities, Physical Disabilities, Domestic Violence, Unaccompanied Youth under age 18, or Unaccompanied TAY age 18-24 years |
| Performance Measures | <i>At least 50% of PERSONS served by program will be “harder to serve” homeless</i> |
| Objective #2 | Grantees shall reduce length of homeless episodes, and new and returned entries into homelessness |
| Outcome #2(a) | PH program only: Homeless PERSONS will stay in PH over six months |
| Outcome #2(b) | TH program only: Homeless PERSONS in TH will exit to PH |
| Outcome #2(c) | TH Program only: Average days from program entry to exit into PH will be reduced year to year |
| Performance Measures | |
| Outcome #2(a) | <i>At least 80% of homeless PERSONS in PH stay over 6 months</i> |
| Outcome #2(b) | <i>At least 80% of homeless PERSONS in TH move to PH</i> |
| Outcome #2(c) | <i>(To be determined. Baseline year)</i> |
| ESG Program Only | |
| Outcome #2(d) | Shelters only: Homeless PERSONS will exit from shelter into TH or PH upon discharge |
| Outcome #2(e) | Shelters only: PERSONS exited into TH or PH stayed less than 45 days in shelter |
| Outcome #2(f) | Rapid Re-Housing (RRH) only: Homeless PERSONS were provided access to PH |
| Outcome #2(h) | Homeless Prevention (HP) only: HOUSEHOLDS where stabilized and diverted from shelters |
| Performance Measures | |
| Outcome #2(d) | <i>ES: At least 10% of homeless PERSONS are placed into TH or PH upon discharge from shelter</i> |
| Outcome #2(e) | <i>ES: 20% of shelter PERSONS exiting into PH or TH stayed less than 45 days in the shelter</i> |
| Outcome #2(f) | <i>RRH: At least 80% of PERSONS placed in PH will remain after 6 months from exit</i> |
| Outcome #2(g) | <i>HP: At least 80% of PERSONS did not become homeless within 6 months of program exit</i> |
| Objective #3 | Grantees shall increase jobs, income and self-sufficiency of program participants |
| Outcome #3(a) | All programs except ES: ADULTS in the household will have increased or sustained employment income; OR |

| | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outcome #3(b) | All programs except ES: ADULTS in the household will have increased or sustained other cash income (not including ES clients); OR |
| Outcome #3(c) | All programs except ES: ADULTS in the household will have increased or sustained mainstream non-cash benefits ; OR |
| Outcome #3(d) | All programs except ES: PERSONS shall have improved education by program exit |
| Outcome #3(e) | ES only: Homeless ADULTS residing in shelters shall have increased income from all sources (employment, benefits, mainstream resources) |
| Performance Measures | |
| Outcome #3(a) | <i>At least 20% of ADULTS will have increased or sustained employment income; OR</i> |
| Outcome #3(b) | <i>At least 54% of ADULTS will have increased or sustained other cash income; OR</i> |
| Outcome #3(c) | <i>At least 56% of ADULTS will have increased or sustained mainstream non-cash benefits; OR</i> |
| Outcome #3(d) | <i>At least 10% of ADULTS will have improved education by program exit</i> |
| Outcome #3(e) | <i>At least 20% of homeless ADULTS residing in shelters will increase income from all funding sources.</i> |
| Objective #4 | Grantees comply with HMIS data quality standards |
| Outcome #4(a) | All programs: Percentage of PERSONS in housing and utilizing shelter beds who exit to known destinations |
| Outcome #4(b) | All programs: Income data ADULTS will be collected at program entry and exit, and is updated at least annually |
| Outcome #4(c) | All programs: Limit # of DATA ELEMENTS with “Don’t Know” and/or “Refused” |
| Performance Measures | |
| Outcome #4(a) | <i>At least 90% of PERSONS who exit programs will have “known destinations” fields completed</i> |
| Outcome #4(b) | <i>At least 90% of ADULTS will have income data collected at program entry and exit and updated at least annually</i> |
| Outcome #4(c) | <i>No more than 10% of DATA ELEMENTS reflect “Don’t Know”, “Refused” or “Missing” as entries</i> |
| Objective #5 | Timely disbursement of grant funds |
| Outcome #5 | All Programs: Grantee and ESG sub-recipients submit draw reimbursements at least quarterly and are on target to spend funds by end of grant period |
| Performance Measure | <i>95% of the time grantee and ESG sub-recipients submit quarterly draw reimbursement request by the due date</i> |
| ESG Program Only | |
| Objective #6 | Assist families and youth defined as homeless under other Federal Programs |
| Outcome #6 | HP only: Percentage of HOUSEHOLDS served shall meet the definition of homeless under other Federal Programs |
| Performance Measure | <i>At least 50% of HOUSEHOLDS provided HP assistance met the definition of homeless under other Federal programs</i> |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Objective #7 | Provide assistance to priority households |
| Outcome #7(a) | RRH only: A portion of HOUSEHOLDS provided access to RRH will be homeless families with children |
| Outcome #7(b) | RRH only: Homeless veterans shall be provided access to TH or PH |
| Performance Measure Outcome 7(a) | <i>At least 25% of HOUSEHOLDS provided access to RRH will be homeless families with children</i> |
| Outcome 7(b) | <i>25% of homeless veterans served will be provided access to transitional or permanent housing</i> |
| Bonus Points: Additional requirements to be reviewed annually (RNCoC grantees will be reviewed prior to the NOFA. ESG sub-recipients will be reviewed at application and at year end for CAPER reporting) | |
| Objective #8 | ES/TH/PH only: Increase utilization of available ES, TH and PH beds |
| Outcome #8 | ES/TH/PH only: Bed utilization rates shall be greater than 65% and no more than 105% |
| Performance Measure | <i>Average utilization rate for transitional, permanent and emergency shelter beds is not less than HUD's standard of 65%, and does not exceed HUD's standard of 105%</i> |
| Objective #9 | All Programs: Integration with local Continuums of Care |
| Outcome #9 | RNCoC grantees and ESG sub-recipients shall attend local Continuum of Care meetings |
| Performance Measure | <i>RNCoC grantees and ESG sub-recipients shall attend at least 75% of all local CoC meetings held annually</i> |
| Objective #11 | All Programs: Collaboration efforts |
| Outcome #11 | RNCoC grantees and ESG sub-recipients shall obtain sufficient cash and non-cash funds to meet match requirements for the CoC and ESG programs |
| Performance Measure | <i>RNCoC Grantees shall obtain at least 25% match for programs funded through the CoC. ESG sub-recipients shall provide enough match to cover at least 100% of the ESG allocation</i> |
| Objective #12 | Coordination efforts |
| Outcome #12(a) | RNCoC grantees and ESG sub-recipients shall engage other community partners to address issues of homelessness |
| Outcome #12(b) | Program participants shall be provided access and referrals to available resources |
| Performance Measure Outcome #12(a) | <i>RNCoC grantees and ESG sub-recipients shall participate in at least 4 local Workforce Investment Boards or Community Coalition meetings annually</i> |
| Outcome #12(b) | <i>RNCoC grantees and ESG sub-recipients shall participate in local coordinated assessment and referral systems in order to provide program participants with access to other available resources</i> |
| Objective #13 | Discharge Planning |
| Objective #13 | RNCoC Grantees and ESG sub-recipients shall oversee local efforts to develop community-wide discharge plans |
| Performance Measure | <i>RNCoC Grantees and ESG sub-recipients shall participate in community discharge planning initiatives that is documented via executed MOU's with other participating agencies</i> |

**Rural Nevada Continuum of Care
State Emergency Solutions Grant Program
Performance Evaluation Form**

Agency Name: _____ Program Name: _____
 Program Type: ☐ Permanent ☐ Transitional ☐ ESG Amount Funded: _____
 Total # of ES/TH/PH Beds _____ Date of Assessment: _____ Monitored by: _____

| Goal | Performance Measure | Data | Points Available (refer to instructions on page 2) | Actual Points | Achieved Y N or N/A (N/A receives full score) |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------|
| Project serves "harder to serve" homeless populations | All Programs: Select all "Harder to Serve" homeless or at-risk of homeless populations served: <input type="checkbox"/> Mental Illness <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Chronic Health Conditions <input type="checkbox"/> HIV <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Unaccompanied Youth under age 18 <input type="checkbox"/> Unaccompanied TAY age 18-24 years | HMIS, APR | 50% of persons in program meet any <u>one</u> criteria = 15 50% of persons in program meet any <u>two</u> Criteria = 20 50% of persons in program meet any <u>three</u> criteria = 25 | | |
| Reduce length of homeless episodes and new and return entries into homelessness | Permanent Housing (PH) only: At least 80% of homeless PERSONS in PH stay over six months. | HMIS, APR | 15 | | |
| | Transitional Housing (TH) only: At least 80% of homeless PERSONS in TH move to PH | HMIS, APR | 15 | | |
| | TH only: Average days from program entry to exiting into PH | HMIS APR | Baseline year | | |
| | Emergency Shelter (ES) only: At least 10% of homeless PERSONS are placed into transitional or permanent housing upon discharge from shelter | HMIS, APR | 15 | | |
| | (NEW) ES Only: 20% of homeless PERSONS exited into TH or PH, shelter stay was less than 45 days | HMIS, APR | 20 | | |
| | Rapid Re-Housing (RRH) only: At least 80% of homeless PERSONS placed in permanent housing remain in that housing at least 6 months after program exit | HMIS | 5 | | |
| | Homeless Prevention (HP) only: At least 80% of PERSONS did not become homeless within 6 months after program exit | HMIS | 5 | | |
| Increase jobs, income and self- sufficiency | All programs except ES: At least 20% of ADULTS will have increased or sustained employment income; or | HMIS, APR | 50% of persons meet any <u>one</u> criteria = 15 | | |
| | All programs except ES: At least 54% of ADULTS will have increased or sustained other cash income. or | HMIS, APR | 50% of persons meet any <u>two</u> criteria = 20 | | |
| | All programs except ES: At least 56% of ADULTS will have increased or sustained mainstream non-cash benefits; or | HMIS, APR | 50% of persons meet any <u>three</u> criteria = 25 | | |
| | All programs except ES: At least 10% of PERSONS will have improved education | HMIS | 50% of person meet any <u>four</u> criteria = 35 | | |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|--|--|
| | ES only: At least 20% of ADULTS residing in emergency shelters increased income from all sources | HMIS | 15 | | |
| HMIS Data Quality | All programs: At least 90% of PERSONS in housing and utilizing shelter beds who exit programs will have “known destinations” fields completed | HMIS | 5 | | |
| | All programs: At least 90% of ADULTS have Income Data updated at least annually, and at entry and exit | HMIS, APR | 5 | | |
| | All programs: No more than 10% of DATA ELEMENTS reflect “Don’t Know”, “Refused”, or “Missing” as entries | HMIS | 5 | | |
| Timely disbursement of grant funds | All programs: 95% of the time Grantee and ESG sub-recipients submit quarterly draw reimbursement requests by the due date | Manual Report | 95% -100 % = 10 80% - 95% = 5 < 80% = 0 | | |
| ESG Program Only | | | | | |
| Families and youth defined as homeless under other Federal programs | HP only: At least 50% of HOUSEHOLDS served met the definition of homeless under other Federal programs | HMIS | 10 | | |
| Priority Households served | RRH only: At least 25% of HOUSEHOLDS provided access to housing will be homeless families with children | HMIS | 5 | | |
| | RRH only: 25% of homeless participants served will be veterans who are provided access to transitional or permanent housing | HMIS | 5 | | |
| Total Outcome Achievement | | | 100 Points Available | | |
| Points may be deducted with a history of grant funds returned to HUD, or who are currently at risk of recapture of grant funds. | | | Points Deducted (maximum of 10) | | |
| | | | Total Points Awarded | | |
| Programs which meet less than 50% of performance standards will be considered “programs of concern” Program Performance Percentage | | | | | |
| BONUS – Additional requirements to be reviewed annually (RNCoc grantees will be reviewed prior to the NOFA. ESG sub-recipients will be reviewed at application and at year end for CAPER reporting) | | | | | |
| (NEW) Increase utilization of available beds | (NEW) ES/TH/PH only: Average utilization rate for transitional, permanent and emergency shelter beds is no less than 65%, and not more than 105% | HMIS | 90% - 100% = 5 80% - 89% = 3 65% - 80% = 1 <65% = 0 >105% = 0 | | |
| Integration with local Continuums of Care | RNCoc grantees & ESG sub-recipients attend at least 75% of Continuum of Care meetings held annually | Manual Report | 5 | | |
| Collaboration efforts to obtain additional resources | RNCoc grantees and ESG sub-recipients meet match requirement of 25% for CoC and 100% for ESG | Manual Report | 101% and above= 5 95% - 100%= 3 85%- 94%= 2 < 85% = 0 | | |

| | | | | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|--|--|
| Coordination efforts | RNCoC grantees and ESG sub-recipients participate in at least 4 local Workforce Investment Boards or Community Coalition meetings; and | Manual Report | 3 | | |
| | RNCoC grantees and ESG sub-recipients participate in local coordinated assessment and referral systems | | 7 | | |
| Discharge Planning | RNCoC grantees and ESG sub-recipients participate in community discharge plans; documented by executed MOU's with at least 2 participating agencies | Manual Report | 5 | | |
| BONUS POINTS | | | 130 Maximum Points | | |